

# BEST AVAILABLE COPY

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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)

SERIAL NO.

10/070889

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1											
2		1		1			51							
3		1		1			52							
4		1		1			53							
5		2		2			54							
6		3		2			55							
7		8		4			56							
8				2			57							
9				2			58							
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46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	1		1				100							
TOTAL DEP.	8		15				TOTAL IND.							
TOTAL CLAIMS	9		16				TOTAL DEP.							
							TOTAL CLAIMS							

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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